

July 16, 2002

Ms. Sharon Donovan, Project Officer
Centers for Medicare and Medicaid Services
7500 Security Blvd., Mail Stop S2-01-16
Baltimore, MD 21244-1850

Dear Ms. Donovan:

The Division is pleased to submit its proposed expansion of MassHealth benefits to women with breast or cervical cancer (Breast and Cervical Cancer Expansion) as an amendment to the MassHealth Demonstration Project (Project No. 11-W-00030). This expansion will provide MassHealth eligibility to certain women who have been diagnosed with breast or cervical cancer through the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program.

Attached for your review, please find the Commonwealth's proposed Breast and Cervical Cancer Expansion, a revised copy of the Protocol Document, and Budget Neutrality information.

The Division is working toward an October 2002 implementation date and hopes to receive CMS authorization to meet this planned date.

If you should need further information to process this amendment, please contact Beth Waldman of my staff at (617) 210-5371.

Sincerely,

Wendy E. Warring
Commissioner

Cc: Patricia Hitz McKnight, CMS Region I

MASSACHUSETTS' PROPOSED BREAST AND CERVICAL CANCER EXPANSION

Introduction

Since July 1, 1997, the Massachusetts Division of Medical Assistance (the Division) has operated its Medicaid program for the under-65, non-institutionalized population under its 1115 Research and Demonstration Waiver. The Demonstration enabled the Division to streamline its eligibility requirements and to expand benefits to new populations. The Division now proposes to further expand its eligibility rules under the waiver and offer coverage to certain women with breast or cervical cancer. The Division anticipates that this expansion, which has been authorized by the Massachusetts Legislature, would assist approximately 122 members in the first year, with full enrollment estimated at 476 women with breast or cervical cancer. This summary will provide detailed information regarding the eligibility rules and processes, coverage type, delivery systems, outreach and support services for this new population.

The Breast and Cervical Cancer Prevention and Treatment Act of 2000

The federal Breast and Cervical Cancer Prevention and Treatment Act of 2000 (BCCPTA) authorizes states to expand Medicaid eligibility to certain women identified as being in need of breast or cervical cancer treatment. To be eligible for the new optional eligibility category, the women must be screened through the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program, and found to be in need of cancer treatment services. In Massachusetts, the Department of Public Health (DPH) administers the CDC program through its Women's Health Network program.

In November of 2001, the Massachusetts Legislature authorized the Division to expand MassHealth benefits to women eligible for the BCCPTA. However, the authorizing legislation is inconsistent with the BCCPTA in that it requires the Division to impose cost-sharing requirements on some eligible women beyond that permitted by federal Medicaid law. In addition, the Division plans to restrict retroactive coverage to 10 days prior to the application date, rather than the "up to three months" permitted by federal law. Therefore, the Division is not able to add this coverage through the state plan amendment option, and instead seeks a waiver of the relevant Title XIX provisions via an amendment to our current Section 1115 Demonstration program.

Eligibility Rules and Processes

The Division proposes to expand MassHealth eligibility to include certain women with breast or cervical cancer, provided they are under age 65, uninsured, and have income at or below 250% of the federal poverty level (FPL) as determined by the Division.¹ In addition, to be eligible for MassHealth under this expansion, a woman first must be eligible for, enrolled in and screened by DPH's Women's Health Network, and found to be in need of treatment for breast or cervical cancer, including precancerous conditions or early stage cancer. DPH currently contracts with 34 sites (with 90 locations) to conduct

¹ The federal BCCPTA does not set an income limit, but bases eligibility on a woman's screening through the CDC program and need for cancer treatment services. Under the CDC screening program, a woman's income, which is self-reported, cannot exceed 250% of the FPL.

screening and diagnostic services for the CDC program. The DPH sites accept self-reported income and health insurance status from each woman who presents herself for screening/diagnosis. If a woman appears to be uninsured, between the ages of 40-65², and with income at or below 250% of the FPL, she will be enrolled in the Women's Health Network and screened for breast or cervical cancer.³ DPH should not enroll or screen a woman who is eligible for other health insurance coverage, including MassHealth. A woman who appears as if she would be eligible for MassHealth should be referred for an eligibility determination. A woman enrolled in the Women's Health Network with "abnormal" screening results will be assigned a CDC/DPH-funded case manager, who refers the woman for a diagnostic evaluation to determine if she has cancer, and then assists in her referral to appropriate treatment. The case manager works with the woman until there is a "no cancer" diagnosis or until initiation into treatment. CDC funds pay for outreach/education, the initial screening, diagnostic evaluation, and case management services through initiation of treatment.

Once the woman's treating health professional indicates that she is in need of cancer treatment services, a DPH case manager will help the eligible woman complete a MassHealth application⁴ at the time of diagnosis (or shortly thereafter). Screening and treatment certifications will accompany the application sent to the Division by DPH case managers. The Division and DPH will enter into an Interagency Service Agreement (ISA) similar to the model agreement used for the BCCPTA.

The Division will provide MassHealth Limited coverage to women who would otherwise be eligible for MassHealth Standard under this expansion but for their immigration status. The Division may decide to provide state-funded Family Assistance to aliens with special status, as it currently does under MassHealth.

The Division is in the process of developing an MA-21 subsystem for this population that collects eligibility information, but does not have substantial decision-making functionality. Notices may be created by the system, but chosen by the worker. This system will provide the Division with the systems support that it needs to create new eligibility categories and notices for the Breast and Cervical Cancer Expansion population. The existing MA-21 system will be used to determine eligibility for those who have "other" mandatory categorical eligibility.⁵

² The DPH program primarily screens women between ages 40-65 but, under certain circumstances (e.g., prior or family history), women under 40 and over 65 (not on Medicare) are screened.

³ DPH officials indicated that initial screenings can take place at the time of enrollment, or up to several months later in some areas of the Commonwealth. Diagnostic tests can occur up to several months after the initial screen.

⁴ The Division plans to use the current MassHealth application, known as the MBR, plus a cover sheet that certifies screening and need for treatment as the application for this expansion. The Division hopes to be able to accept this application electronically from the DPH case managers.

⁵ The Division plans to use the broader MassHealth Standard eligibility as a proxy for mandatory categorical eligibility.

A woman's eligibility for MassHealth under this category will begin 10 days prior to the date of application.⁶ This will keep the coverage start date for this population consistent with the Division's current 1115 Demonstration population.⁷ Eligibility for MassHealth ends when the course of treatment for breast or cervical cancer is completed, or the woman no longer meets the criteria for the eligibility category⁸ (during the course of her treatment) *and* the Division has determined that she does not remain eligible for MassHealth under an alternate eligibility category. A woman will not be limited to one eligibility period, and will be eligible for the expansion program any time she meets all of the eligibility criteria for the program.

Redetermination of eligibility for the expansion program will occur at the end of the duration of cancer treatment as established by a woman's physician in her plan of care, or on an annual basis if the treatment is expected to last longer than a year. If possible, the Division will coordinate its redetermination process with DPH's redetermination of eligibility for the Women's Health Network, which occurs annually on July 1.

Coverage Type

Women who meet the eligibility rules described above will receive coverage under MassHealth Standard. The Division will create a specific aid category solely for women who fall within this Breast and Cervical Cancer Expansion. Co-payments for this population will be limited to the nominal copayments allowed for under Title XIX, and will be the same as those for other MassHealth Standard enrollees. Premiums, however, will be charged in excess of that otherwise allowed for under Title XIX. In accordance with our state authorizing legislation, the Division proposes to charge monthly premiums for women between 133% and 250% of the FPL.⁹

To ensure that a woman is placed into the richest benefit for which she is eligible, the Division will review the application of a woman who is pregnant, disabled or a parent/caretaker relative to determine if she would be eligible for MassHealth Standard regardless of whether she had breast or cervical cancer. The Division will only place a woman in a Breast and Cervical Cancer Expansion aid category if she is not otherwise eligible for MassHealth Standard.¹⁰ If a woman in an expansion aid category subsequently becomes eligible for MassHealth Standard, notwithstanding her eligibility due to breast or cervical cancer, she will be transferred to the mandatory MassHealth Standard aid category.

⁶ MassHealth will not pay for the initial screenings and diagnostic testing completed within those 10 days. Those services will continue to be paid for by CDC funds through the DPH screening program.

⁷ This differs from the "up to three months" of retroactive coverage that would be provided under the BCCPTA.

⁸ For example, a woman may turn 65, obtain other creditable insurance coverage, or have income that exceeds 250% of the FPL.

⁹ The Division anticipates that the monthly premium will be consistent with the premiums charged to the MassHealth Family Assistance population. Currently, those premiums range between \$10-30 per month.

¹⁰ A woman may be placed in an expansion category while the Division awaits income verification prior to placement in one of the mandatory eligibility categories.

Delivery System

Women with breast or cervical cancer who receive MassHealth Standard will receive their benefits through the Division's Primary Care Clinician Plan (PCC Plan) provider network. Members will select or be assigned to a primary care clinician (PCC) through the Division's current enrollment process. The Division's Health Benefit Advisors (HBAs) will assist members in the enrollment process. Coverage will be available on a fee-for-service basis pending enrollment with a PCC. This will ensure the availability of immediate treatment for these members. The women will receive mental health and substance abuse services through the Massachusetts Behavioral Health Partnership. A member is given 14 days to choose a PCC. If she does not do so, then the member will be assigned a PCC. A member can transfer to another PCC within their geographic service area at any time and for any reason.

Outreach

The Division will coordinate with DPH on its outreach campaign. As discussed above, in order to be eligible for MassHealth under this expansion program, a woman must be eligible for, enrolled in, and screened by DPH's Women's Health Network, and found to be in need of cancer treatment services. The Division will provide the Women's Health Network sites with specially created marketing materials for this population, as well as MassHealth applications, screening certifications, and treatment certifications.

Population Projections, Costs and Budget Neutrality

Based on the current number of women who are screened through DPH's Women's Health Network, the Division anticipates providing MassHealth to an additional 122 women in the first year of the expansion. The Division estimates that 292 women will be enrolled by the end of the third year of the program. The Division expects full enrollment—476 women per year—in the fifth year of the Breast and Cervical Cancer Expansion program.

The Division projects that the annual member cost (at full enrollment) for this expansion population will be \$15.3 million. The Commonwealth expects to receive the enhanced match of 65% FMAP afforded under the BCCPTA.

Because the expansion population could have been covered under Title XIX without a waiver through the BCCPTA, expenditures for this population will be included in both the "with waiver" and "without waiver" estimates. To calculate the "without waiver" budget neutrality costs, the Division recommends that the expansion population be considered part of the base disabled population during the first year of the expansion. The current PMPM for the disabled population is \$677.56. However, we estimate a significantly greater PMPM of \$1900 for the Breast and Cervical Cancer Expansion population. After a year of experience, the Division will propose a PMPM specifically for this population.

Without Waiver Estimates

	FY03	FY04	FY05
BCC Members Served	122	205	292
Disabled WOW PMPM	\$ 677.56	\$ 745.32	\$ 819.85
Total Change in Cap	\$ 991,950	\$ 1,834,554	\$ 2,867,879